CALIFORNIA LIQUID WASTE HAULER RECORD

015

SFUND RECORDS CTR 999000262

STATE WATER RESOURCES CONTROL BOARD STATE DEPARTMENT OF HEALTH

PRODUCER OF WASTE (Must be filled by producer)					HAULER OF WASTE (Must be filled by hauler)
					ASBURY OIL CO.
Name (PHINT OR TYPE)				CODE NO.	13419 Halldale Ave., Gardena, California 90249 CODE NO.
Pick up Address: (NUMBER) (STREET) (CITY)					Phone: (213) 321-1392
Telephone Number: (Pick Up:
·					
Type of Process ; which Produced Wastes:					Job No.:No. of Loads or Trips: Unit No
(Examples: metal plating, equipment cleaning, oil drilling CODE NO. wastewater treatment, pickling bath, petroleum refining)					Vehicle: ☐ vacuum truck ☐ barrels, ☐ flatbed, ☐ other
DESCRIPTION OF WASTE (Must be filled by producer)					The described waste was hauled by me to the disposal facility named below and was accepted.
Check type of wastes:					I certify (or declare) under penalty of perjury
1. [] Acid solution	6. Tetraethyl lead sludge		11. 🗌 Contami	inated soil and sand	that the foregoing is true and correct.
2. [] Alkaline solution	7. 🗌 Chemic	al toilet wastes	12. 🗆 Cannery	waste	DISPOSER OF WASTE (Must be filled by disposer)
3. [] Pesticidas	8. 🔲 Tank be	ottom sediment	13. 🗆 Latex w	aste	
4. [] Paint sludge	9. ∏ Oii		14. Mud and	d water	Name (print or type):
5. Solvent	10. Drilling	mud	15. 🗌 Brine		Site Address:
[] 0.1					The hauler above delivered the described waste to this disposal facility and it was an acceptable
Components: Allinging Control of Concentration:					material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.
Examples: Hydrochloric acid, lime, caustic soda, Concentration: ohenolics, solvents (list), metals (list), Upper Lower % ppm					
organics (list), cyanide)	ais (list),	Opt	ei Cowei	% ppm	Quantity measured at site (if applicable):State fee (if any):
1					Handling Method(s):
1.				H H	□ recovery
2					treatment (specify):
3					treatment (specify): (EXAMPLES: INCINERATION, NEUTRAMEATION, PRECIPITATION) CODE NO. (Injection well point preading preading process of the p
4.	``				
5.			-	\sqcap	Lighter (specify):
			-	HH	If waste is held for disposal elsewhere specify final location:
6.		<u>-</u>			Disposel Date:
Hazardous Properties of Waste:					I certify (or declare) under penalty of perjury
pH nor	ne Li toxic	☐ flammable	☐ corrosive	axplosive	that the foregoing is true and correct.
and the file	ć 6.	. п	parrels (42 gal.)		AND THE OF A STANDARD AGENT AND TITLE
Bulk Volume: 10 81	L.J gal	O tons	(42 gal.) LJ	other [SPECIFY]	The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.
Containers:	☐ drums	Cartons [bags 🖸	other	
(NUMBER)				(SPECIFY)	1/->
Physical State:	solid 🗆	D liquid G] sludge 🔲	other	
Physical State: solid liquid sludge other [SPECIFY]					
Special Handling Instructions (if any):					·
					/ voo4404
					K001194
The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).					
I certify (or declare) under penalty of perjury that the foregoing is true and correct.					FOR INFORMATION SELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.
		sidnktu	E OF AUTHORIZED	GENT AND TITLE	D.O.T. Proper Shipping Name
SIGNATURE OF AUTHORIZED AGENT AND TITLE					